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TITLE: Understanding the Impact of Having a Military Father on Adolescent Children

PRINCIPAL INVESTIGATOR: Professor Nicola Fear

CONTRACTING ORGANIZATION: King's College, London
London, UK SE5 9

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14. ABSTRACT

The primary objective of the study is to understand the impact of having a military father on adolescent children. We will examine the influence of paternal PTSD on adolescent children's emotional wellbeing and behavior and investigate whether adolescents whose fathers have PTSD experience a higher prevalence of psychiatric disorders, as measured by the Development and Well-Being Assessment (DAWBA), compared to those whose fathers do not have PTSD. We will also examine the influence paternal PTSD has on parent-child communication, family dynamics and functioning. In families where the father has PTSD, we will look at the quality of the relationship (as measured by the Five Minute Speech Sample and Hot Topics paradigms) and check for impaired family dynamics and functioning as measured by the Family Assessment Device (FAD) compared to families where the father does not have PTSD.

Secondary aims are to examine the effect of specific symptoms of PTSD (avoidance, anger/hostility/emotional numbing) on adolescent emotional wellbeing and behavior. We believe that adolescents of fathers with prominent anger/hostility symptoms will experience a higher prevalence of oppositional deficient/conduct disorder (as measured by the DAWBA) compared to those whose fathers do not have these PTSD symptoms; adolescents of fathers with prominent avoidance/numbing symptoms will experience a higher prevalence of depressive disorders (as measured by the DAWBA) compared those whose fathers do not have these PTSD symptoms. We will determine the moderating effect of gender on paternal PTSD by investigating whether the impact of having a father with PTSD is greater in male adolescents (based on all measures).

15. SUBJECT TERMS

Post-Traumatic Stress Disorder (PTSD), Military Families, Adolescents, Mental Health, Emotional Wellbeing, Family Functioning

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1. INTRODUCTION:

Military children and adolescents are exposed to a range of stressors that are not experienced by their civilian counterparts, namely separation from a parent during deployment, frequent moves and locations, and exposure to a parent who may return from deployment with physical or psychological injury, including post-traumatic stress disorder (PTSD). Since 2001, over 700,000 US children have experienced the deployment of a parent to Iraq or Afghanistan. A major concern for policy makers is how these deployments impact on the psychosocial development and wellbeing of military offspring. To date there has been a dearth of quality investigation in this area. The primary objective of the study is to understand the impact of having a military father on adolescent children. We will examine the influence of paternal PTSD on adolescent children's emotional wellbeing and behavior and investigate whether adolescents whose fathers have PTSD experience a higher prevalence of psychiatric disorders, as measured by the Development and Well-Being Assessment (DAWBA), compared to those whose fathers do not have PTSD. We will also examine the influence paternal PTSD has on parent-child communication, family dynamics and functioning. In families where the father has PTSD, we will look at the quality of the relationship (as measured by the Five Minute Speech Sample and Hot Topics paradigm) and check for impaired family dynamics and functioning as measured by the Family Assessment Device (FAD) compared to families where the father does not have PTSD.

2. KEYWORDS:

Post-Traumatic Stress Disorder (PTSD), Military Families, Adolescents, Mental Health

3. ACCOMPLISHMENTS:

Progress Summary: Year 2 Objectives:

- Adequate response rates to study ensured by actively following up all families with eligible children and finding up to date contact details for the majority of fathers who were hard to trace (primarily service-leavers). Currently recruited 91/100 families.
- Data collection is scheduled to end in December 2016
- 3 month extension without funds (EWOFF) granted 11 July 2016, taking the study end to 31 December 2016
- SPACE study RA Anna Verey organized a successful symposium outlining current research held jointly with Anglia Ruskin University's Veterans and Families Institute. This was held at King's College London on 10 October 2016 and SPACE study RA Nathan Parnell presented the SPACE study (see Appendix 1)

Delays in Progress of Year 2 Objectives, plus plan for resolution:

• *Delay 1: Data collection delayed*

Data collection on the study is still ongoing and is not scheduled to conclude until the end of the year due to issues affecting the start of the project as outlined in our previous annual report. As a consequence of this we asked for an extension without funds which was granted in July 2016.

• *Delay 2: Commencement of data entry and data cleaning*

We cannot complete data entry and being data cleaning until data collection has finished. We are expecting to finish by the end of December 2016.

• *Delay 3: Commencement of data analysis, report and paper writing*

Data analysis, report and paper writing will not now be able to commence until January 2017 and it is anticipated therefore that an EWOFF will be requested by our Research Grants office in November 2016.

• *Delay 4: IT failure at King's College London*

Data collection has been hampered by a university-wide IT failure which has meant no access to folders on shared drives since 17 October 2016. At the time of writing this report there was still no resolution to this issue and therefore data collection has been on hold for 3 weeks.

Training and professional development opportunities Year 2:

Course/Training	Date	Attendees
Coding the Five Minute Speech Sample for Expressed Emotion. Course led by Dr Lamprini Psychogiou, Exeter University.	July '16	MC, AV, NP
Autism Diagnostic Observation Schedule – administration and coding training. Led by Pearson Training in London.	April '16	KR, NP

Planned activity for the final months of project

- Complete data collection for remaining 9 families
- Finalize methods for data entry and cleaning
- Undertake data analysis, report and paper writing

4. IMPACT:

When complete, this study will provide data for US and UK military stakeholders on paternal PTSD and its effects on military children aged 11-17 years. This research will yield unique data, as there are no studies published to date which have collected data from multiple informants. This study aims to overcome a number of limitations seen in previous research by using multi-informant measures to assess adolescent wellbeing and development, as well as family functioning. We will collect data on a range of potential explanatory/confounding factors (for example, maternal mental health).

5. CHANGES/PROBLEMS:

Data collection has been unavoidably delayed due to the time taken to receive ethical and HRPO approval for this study. This has had a knock-on effect on the timelines for data collection, meaning we had to apply for an EWOFF in July 2016.

In August 2016 research administrator, Bonnie Parker, left her post to take up a permanent position in the Department of Physics at King's College London. She was not replaced.

In September 2016, Research Assistant Kristy Rye left to begin a Clinical Doctorate course at the University of Surrey and was replaced on a 0.5fte basis by Research Assistant Zoe Chui.

6. PRODUCTS/PRESENTATIONS:

Professor Fear presented project progress to the Military Operational Medicine Research Program Headquarters Family IPR meeting, 12-13 April 2016, Fort Dietrich, MD and responded to the feedback provided.

Project outline and progress also presented to:

- Royal Australian College of Physicians Annual Conference, Adelaide (May 2016)
- KCMHR project board meeting (June 2016)
- MSc in War and Psychiatry postgraduate students at King's College London (June 2016)
- CIMVHR FORUM, Quebec (Nov 2015)

7. PARTICIPANTS AND OTHER COLLABORATING ORGANIZATIONS:

Name	Project Role	Institution	Nearest person month worked	Contribution to project
Dr Benjamin Baig	Child Psychiatrist	IOPPN, King's College London	2	On-call clinician
Ms Melanie Chesnokov	Study Coordinator	IOPPN, King's College London	18	Co-ordinates study
Ms Zoe Chui	Research Assistant	IOPPN, King's College London	2	Data collection
Prof Nicola Fear	Principal Investigator	IOPPN, King's College London	24	Project oversight
Dr Trevor Hicks	Psychiatrist	Chambers Psychiatric Services Ltd (formerly Consultant Psychiatrist at RAF Brize Norton	2	Independent Medical Officer
Ms Bonnie Parker	Research Administrator	IOPPN, King's College London	13	Administrative support
Mr Nathan Parnell	Research Assistant	IOPPN, King's College London	17	Data collection
Dr Paul Ramchandani	Child Psychiatrist	Imperial College London	1	Study design/planning

Mrs Kristy Rye	Research Assistant	IOPPN, King's College London	16	Data collection
Prof Alan Stein	Child Psychiatrist	Oxford University	1	Study design/planning
Ms Anna Verey	Research Assistant	IOPPN, King's College London	15	Data collection
Professor Sir Simon Wessely	Scientific Advisor	IOPPN, King's College London	1	Advises on design and methodology

8. SPECIAL REPORTING REQUIREMENTS:

YEAR 2 QUAD CHART

Understanding the Impact of Having a Military Father on Adolescent Children

14309001

W81XWH-14-1-0079



PI: Professor Nicola Fear

Org: King's College London

Award Amount: \$1,197,128

Study/Product Aim(s)

Overall study objective: To conduct an in-depth examination to determine the influence of paternal PTSD on adolescent emotional wellbeing and behavior.

Primary aims:

To examine the influence of paternal PTSD on adolescent emotional wellbeing and behavior.
To examine the influence paternal PTSD has on parent-child communication, family dynamics and functioning

Approach

A two group comparison study comparing emotional well-being and behavior in adolescents who have a father with PTSD with a group of adolescents whose fathers do not have a mental health diagnosis



Accomplishment: DATA COLLECTION SUCCESSFULLY COMPLETED WITH 46 FAMILIES

Timeline and Cost

Activities	CY	1	2
Establish a research team			
Develop questionnaires			
Procedure to access sample			
Ensure adequate response rate			
Estimated Budget (\$K)		\$609	\$588

Updated: 24 October 2016

Milestones – Delays to milestones in red

CY1: Milestone 1 – study staff recruited; Milestone 2 – staff trained; Milestone 3- UK MoDREC ethics approval gained, protocol submitted to HPRO IRB; Milestone 4 – data collection tools finalised; Milestone 5 – study documentation finalised; Milestone 6 – study piloted on 5 families; Milestone 7 – identify study sample; Milestone 8 – update contact details of sample; Milestone 9 – start data collection; **Milestone 10 – on-going data collection. CY2: Milestone 11- active follow-up of non-respondents; Milestone 12 – achieve adequate response rate; Milestone 13 – start data entry; Milestone 14 – generate final linked dataset; Milestone 15 – complete data collection; Milestone 16 – finalise analytical strategy; Milestone 17 – undertake data analysis; Milestone 18 – final report submitted to funding agency; Milestone 19 – academic papers written and submitted.**

Challenges: Ensuring adequate response rate. Budget

Expenditure to Date: Projected Expenditure: \$1,197,128 (Year 1 \$608,968; Year 2 \$588,160); Actual Expenditure: \$1,080,000

9. OTHER ACHIEVEMENTS:

10. REFERENCES:

11. APPENDICES:

APPENDIX 1: Novel Data Collection Methods: The SPACE study. Slides presented at the King's Centre for Military Health Research / Anglia Ruskin University joint symposium, London, October 10th 2016.

APPENDIX 2: SPACE study outlined in Psychological Medicine newsletter 3 (attached to the email to Michelle Lane, GOR)

Meeting the challenges of data collection with military populations: Novel approaches

Nathan Parnell, Service Parents' and Adolescents' Challenges and Experiences (SPACE) study

Traditional King's Centre for Military Health Research (KCMHR)/Academic Department of Military Mental Health (ADMMH) personnel research

- **Quantitative epidemiology:**
- Long-term cohort studies, clinical interview study, pre-screening
- **Randomised controlled trials:**
- Post-deployment mental health screening, TriM, BATTLEMIND

Current challenges

- No responses - high mobility or lack of contacts
- Extra-large organisation – logistics of distributing questionnaires and other collection methods
- When can I do it? – time and interest
- Why do I have to do this? – fatigue and lack of knowledge
- Ask me again later – avoidance
- Yields of data can diminish
- So what can we do?

Current challenges

- No responses - high mobility or lack of contacts
- Extra-large organisation – logistics of distributing questionnaires and other collection methods
- When can I do it? – time and interest
- Why do I have to do this? – fatigue and lack of knowledge
- Ask me again later – avoidance
- Yields of data can diminish
- So what can we do?

Novel approaches at KCMHR/ADMMH

- **In-theatre collection** – ADMMH
- **Qualitative and Mixed Methods:**
- *Stigma and Help-seeking Interview Studies* – In-depth semi-structured interviews on help-seeking in veterans; mixed-method studies on barriers to care
- *WTS study* – Families of Wounded Injured and Sick (WIS) personnel study – utilising interviews with carers around support. Consequent longitudinal qualitative study following up participants.
- **Clinical and informatics:**
- *ADVANCE* study – 20 year follow-up on physical and mental wellbeing of 600 battlefield casualties vs 600 controls. This encompasses quantitative, qualitative and physiological measures.
- *Data linkage* – KCMHR and NIBS datasets looking into non-communicable disease and prediction modelling
- **Collaboration with third-sector** – PhD's – such as RRL & AFF, as well as FMT and other charities for increasing qualitative and mixed-method studies into help-seeking and other fields

KCMHR Welfare of Children of Military Father (KIDS) study

- Relationship between paternal PTSD and child wellbeing – utilising multi-informant data
- Predominantly questionnaire based – online and telephone
- Structured interviews – Clinician-Administered PTSD Scale (CAPS)
- Understanding the pluses and minuses of military life on the wellbeing of children

What is it like to be part of a military family?

Here are some of the difficulties that were mentioned:

"He is sometimes posted in foreign places and we don't see him for ages."

"We have to leave friends and family behind when we move."

"Moving around and going to different schools."

"I don't like it when he goes away for long periods of time because I miss him."

What is it like to be part of a military family?

Here are some of the positive experiences that were mentioned:

"He fights for the country and helps people."

"I get to travel to different places and meet different people."

"He's a hero and he's saving people's lives."

"I meet loads of friends, been to lots of houses and been to different countries."

"I'm proud of him, where he's been and what he's seen."

Service Parents' and Adolescents' Challenges and Experiences (SPACE) study

- Online data collection and home visit collected video/observational data
- Multi-informant data – Reports from parents and children
- Measures of interest:
- DAWBA – Developmental And Well Being Assessment
- Five Minute Speech Sample – Expressed Emotion
- Hot Topics – Systemic family functioning derived from observational data

Five Minute Speech Sample (FMSS)

- Widely validated five minute speech task adapted for use with adolescents (Magna et al 1986) - focus: Expressed Emotion (EE) (Vaughn & Leff 1976)
- Underlying notion: from a non-directive stimulus, the pressure of time will elicit core emotions.
- Prompt: "Speak about X for 5 minutes. Tell me what type of person they are, and how you get along?"
- Coding EE – 3-point scale (positive, negative or neutral) for three domains (Daly, 2003)
 - Warmth
 - Relationship
 - Emotional over involvement
- Accounts for initial statement and amount of positive/negative comments

Hot Topics

- Observational task that requires parent child interaction in 15 minute tasks – Utilised in several large-scale studies (Scott et al 2011)
- Tasks: Holiday planning (5 mins) and then discussing commonly debated topics between parents and children (5 mins per person)
- Coded by Family Interaction Global Coding System using 5-point global scale (Hetherington et al 1992)
- General scales (Anger, warmth, assertiveness, coercion, affect etc)
- Parenting scales (Parental influence, child monitoring, parenting styles etc)
- Combine into a parenting style and a child style
- Encompasses verbal and non-verbal data

Summary of novel methods in KCMHR

- **Identified niche gaps in military research** – Adapted visits and locations to collect data; Increasing variations of qualitative and quantitative methods; Multi-informant reports; systemic functioning, paternal mental health; and focusing on more specific groups for possible generalisation of findings
- **Justification from empirical background** for the variety of novel methods (Hot Topics – Scott et al 2011; FMSS – Magna et al 1986)
- **Recognition from anecdotal information:** Reports from participants undertaking these novel methods have been fantastic – this signals a need for us to continually look for **NEW WAYS** to foster research interest and advance the field.

Institute of Psychiatry, Psychology & Neuroscience

Psychological Medicine

Newsletter

Issue 3 | October 2016

Welcome to the third edition of our newsletter for the Department of Psychological Medicine. Please welcome our new co-editor Sue Molony. As always, thank you for all your numerous contributions. We would be grateful if you could continue to send them in for our next issue.

olga.zielona@kcl.ac.uk



Editor-in-chief: Olga Zielona
Co-editor: Dr Jolanta Zanelli
Co-editor: Sue Molony

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Blood test to personalise depression treatment for the first time



Professor Carmine Pariante's Stress, Psychiatry and Immunology Lab & Perinatal Psychiatry research group have developed a blood test that accurately and reliably predicts whether depressed patients will respond to common antidepressants. This could herald a new era of personalised treatment.

Patients with blood inflammation above a certain threshold could be directed towards earlier access to more assertive antidepressant strategies, such as a combination of antidepressants, before their condition worsens. Approximately half of all depressed patients do not respond to first-line antidepressants and a third are resistant to all available pharmacological treatments.

Until now, it has been impossible to predict whether individual patients will respond to common antidepressants or whether they will need a more assertive antidepressant treatment plan, which may include a combination of more than one medication. As a result, patients are treated with a trial-and-error approach whereby one antidepressant is tried after another, often for 12 or more weeks. This can result in long periods of ineffective



treatment for individuals who may not show an improvement in symptoms. Professor Carmine Pariante, senior author of the study, said, 'The identification of biomarkers that predict treatment response is crucial in reducing the social and economic burden of depression and improving quality of life of patients. This study provides a clinically suitable approach for personalising antidepressant therapy: patients who have blood inflammation above a certain threshold could be directed towards earlier access to more assertive antidepressant strategies, including the addition of other antidepressants or anti-inflammatory drugs'.

Dr Annamaria Cattaneo, first author from the IoPPN, said, 'This is the first time a blood test has been used to precisely predict, in two independent clinical groups of depressed patients, the response to a range of commonly prescribed antidepressants. These results also confirm and extend the mounting evidence that high levels of inflammation induce a more severe form of depression, which is less likely to respond to common antidepressants'.

From the Head of Department

Dear Colleagues,

First of all, I would like to express my gratitude to Christine Ayre, Head of Corporate Design at KCL, for helping Olga and Jolanta to make our newsletter once again look so professional and appealing, right down to the last ampersand.

As I am writing this, I am nursing a (minor) hangover following the Psychological Medicine late summer party. Many thanks to our administrators, Sally, Shashi and Sue for stepping up to the plate and organising this so well; thanks also to Jean-Philippe Calvin for his creative inputs. It was lovely to see a good number of you there at the end of a very turbulent summer. In June, my initial personal sense of utter raw gutted-ness post-BREXIT gave way to disbelief and anger, and is now moulding into reluctant acceptance. However, a recent EU consortium meeting, where I was faced with the sadness and incomprehension of my continental collaborators at the UK's decision, reminded me that BREXIT is definitely not (yet) the new normal. Only time will tell how this is all going to affect UK universities in terms of the ability to continue to attract students and academics from the EU and retaining access to EU research funding. Certainly in Psychological Medicine our diversity is an essential and cherished part of our academic creativity and strength that we must try to preserve.

With this turbulent summer having drawn to a close, we have recently received the wonderful news about the great success of the BRC renewal. An absolutely brilliant achievement. Many, many congratulations to Matthew and his team, quite a few of them from Psychological Medicine. Now the exciting stage of making it all happen begins.

I wish you all a productive and enjoyable new academic year.

Professor Ulrike Schmidt

New book by Professor Allan Young

Bipolar Disorders: Basic Mechanisms and Therapeutic Implications

Editors: Jair C Soares and Allan H Young

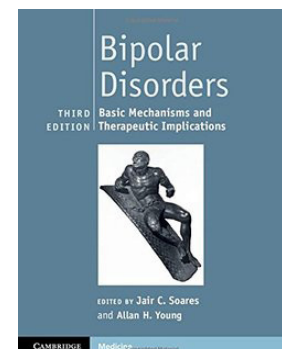


Over the last two decades, driven by the enormous public health importance of bipolar disorder, research initiatives have begun to elucidate the pathophysiology of this prevalent and debilitating condition. These research initiatives have led to breakthroughs in our understanding of causation and now promise to foster the development of novel treatments.

This new edition presents contributions from the leaders at the forefront of these areas of research, and includes chapters on the ground-breaking advances in the fields of genetics, neuroimaging,

neuropsychopharmacology, oxidative stress and neuronal resilience, inflammatory mechanisms, psychosocial factors, childhood onset and late-life bipolar disorder, and many other important areas.

Throughout, the therapeutic implications and potential of this new understanding are emphasised. This is essential reading for those interested in the neurobiology of mental illness and will be of interest to mental health practitioners more generally.



Help Seeking, Health Care Experiences and Barriers to Care in Serving and Ex-serving Members of the UK Armed Forces: an Interview Study

This Ministry of Defence (MoD)-funded study aims to find out more about mental health problems and barriers to help seeking in serving and ex-serving personnel, with a focus on experiences of healthcare services and treatment received if help is sought.

Since commencing in February 2015, around 1350 interviews have been conducted with serving and ex-serving members of the armed forces

who self-reported having a stress, alcohol, mental health or emotional problem within the last 3 years. The project is being completed within the King's Centre for Military Health Research (KCMHR), using participants who have participated in the health and wellbeing cohort study.

Considering the abundance of previous research suggesting military populations with mental

Update from the SPACE Study

The Service Parents' & Adolescents' Challenges & Experiences (SPACE) study had a bumper spring, managing to bring the total number of families seen to 42, with an additional 7 families completing online questionnaires only. SPACE are still looking to recruit 58 families, but are on target to achieve this by the end of the summer.



At the invitation of Royal Navy Trauma Risk Management (TRiM) SO2 (and former KCMHR military fieldworker), Kevin Green MBE, SPACE study co-ordinator Melanie Chesnokov was invited to assist in facilitating practical sessions on the peer-led TRiM team leaders' course. This was held for 45 Commando and 29 Commando Royal Artillery (7 Battery) in April at RM Condor, Arbroath.

In May, Professor Nicola Fear, Andrea Marongiu and Melanie Chesnokov attended the launch of the Centre for Social Justice Military Families and Transition report at the RAF Club in

London, with the Forces in Mind Trust and Johnny Mercer MP. It was attended by around 100 guests from military, government, specialist and academic backgrounds.

The report encourages the Government to build on some positive work that has happened towards military personnel, with particular focus on supporting the families of those who serve.

Finally, we would like to congratulate SPACE study research assistant Kristy Rye, who learned in April that she has been accepted onto the Clinical Psychology Doctorate programme at

the University of Surrey, starting in September. Well done Kristy!

Melanie Chesnokov
KCMHR, IoPPN

Above: King's researchers at the Centre for Social Justice's launch of its Military Families and Transition report at the RAF Club, Piccadilly. Photography by Rahil Ahmad.

Below: Melanie Chesnokov participating in a practice one-on-one TRiM assessment with LCpl Michael Pattison at 45 Commando Royal Marines, RM Condor, Arbroath.

health problems are reluctant to seek formal medical help, this study will provide a valuable insight into barriers to care. Serving personnel and veterans of the armed forces put life and limb at risk for their country and they deserve fair and easy access to beneficial support without fear of stigma. With the support of the MoD, policies can be implemented to make support more accessible and inform mental health services for serving and ex-serving

personnel about possible difficulties in accessing them. This includes breaking down the barriers that prevent people from seeking the help they need, as well as addressing stigma-related concerns.

The study is in its final few months of participant recruitment and data collection, with findings expected to be published towards the end of the year.



IMPARTS

IMPARTS (Integrating Mental & Physical healthcare: Research, Training & Services), a King's Health Partners-funded initiative, facilitates the integration of physical and mental health care in general hospital settings to improve patient care. This system is currently embedded as part of routine clinical care in outpatient departments at Guy's, St Thomas' and King's College hospitals. It is now live in 28 services across the two acute trusts and is being used to screen patients in outpatient clinics for conditions such as depression and anxiety. Over 10,000 individual patients have been screened, in more than 20,000 screening encounters. Our work to provide holistic care for people with skin disease at the St John's Institute of Dermatology at Guy's and St Thomas'; the team received the BMJ Award for Dermatology Team of the Year 2016. The programme is also being adapted to provide physical health screening for people with severe mental illness at the South London and Maudsley NHS Foundation Trust. IMPARTS forms a core part of the King's Health Partners' Mind and Body programme.



Mental Health, Help Seeking and Health Care Experiences after Leaving the UK Armed Forces Study

Some personnel who leave the UK Armed Forces may experience mental health problems that may be improved if they seek mental health care. While some personnel actively seek help for the problems they are experiencing, others are less keen to do so or find it difficult to access civilian mental health care services. This study will use qualitative interviews with 60 veterans who have recently left the UK Armed Forces to find out about why veterans may, or may not, seek help for mental health problems. The results of the research will identify both potential barriers and facilitators to seeking mental health support in order to develop practical recommendations to improve the mental health services provided to our military veterans. The study will run until July 2017 and is funded by the Forces in Mind Trust, a UK charity. The principal investigators for the study are Professor Sir Simon

Wessely, Professor Neil Greenberg and Dr Sharon Stevelink; Dr Laura Rafferty is the study co-ordinator.

3 Dimensions for Long-term Conditions (3DLC)

A pioneering new King's Health Partners project will provide improved mental and physical health care for patients with chronic obstructive pulmonary disease, heart failure and hypertension. 3 Dimensions for Long-term Conditions (3DLC) has been selected to be part of a £3.5 million Health Foundation Scaling Up Improvement programme. The funding will scale up the award-winning 3 Dimensions of care for Diabetes (3DFD), creating a multidisciplinary service that integrates mind and body care for long-term conditions. The project was awarded £500,000 by the Health Foundation and began in September of this year. The Scaling Up Improvement programme takes successful healthcare improvement interventions and delivers them on a larger scale.

Lithium versus quetiapine in depression (the LQD Study)

Professor Anthony Cleare and colleagues at the Centre for Affective Disorders in the IoPPN have secured £1.1 million of funding over 4 years from the NIHR-HTA programme for a new phase IV clinical trial. This project will be undertaken together with collaborators in Oxford, led by Professor John Geddes, and Newcastle, led by Dr Hamish McAllister-Williams. The LQD Study will be a multicentre, randomised, pragmatic trial comparing the clinical and cost effectiveness of lithium versus quetiapine used as add-on therapy to antidepressant

medication. The focus will be on all patients with treatment-resistant depression (TRD). Long-term outcomes will be assessed over 12 months. Two hundred and seventy-six patients will be randomised to receive one of the two treatments at baseline. Treatment will then be undertaken by clinicians on a real-world, open-label basis, in which add-on therapy for TRD is given initially for an acute phase of treatment, followed by continuation of the therapy and/or the addition of other therapies, depending on response. Recruitment is due to start in July 2016 throughout SLaM and linked trusts, and then will be rolled out to additional sites in Newcastle and Oxford.

Professor Anthony Cleare, Professor of Psychopharmacology and Affective Disorders, Centre for Affective Disorders

Brain stimulation may reduce anorexia symptoms

Core symptoms of anorexia nervosa, including the urge to restrict food intake and feeling fat, are reduced after just one session of a non-invasive brain stimulation technique. This new study is the first randomised controlled trial to assess whether repetitive transcranial stimulation (rTMS), already an approved treatment for depression, is also effective in reducing symptoms of anorexia. Up to 20 per cent of people with anorexia die prematurely from the disorder and treatments in adults are moderately effective, with only 20–30 per cent of people recovering from the best available talking therapies.



Given the urgent need to improve treatments, researchers are increasingly looking towards emerging neuroscience-based technologies that could target the underlying neural basis of anorexia.

Dr Jessica McClelland, post-doctoral researcher at the IoPPN and first author of the study, said, 'With rTMS we targeted the dorsolateral prefrontal cortex, an area of the brain thought to be involved in some of the self-regulation

difficulties associated with anorexia. This technique alters neural activity by delivering magnetic pulses to specific regions of the brain, which feels like a gentle tapping sensation on the side of the head'.

Professor Ulrike Schmidt, senior author of the study, from the IoPPN, added, 'Anorexia nervosa is thought to affect up to 4 per cent of women in their lifetime. Our preliminary findings support the potential of novel brain-directed treatments for anorexia, which are desperately needed. Given the promising findings from this study, we are now assessing whether rTMS has longer-lasting therapeutic benefits in a world-first clinical trial of rTMS treatment, involving 20 rTMS sessions, in people with anorexia nervosa.'

The Cognitive Remediation in Bipolar (CRiB) Study: a feasibility trial of cognitive remediation therapy in people with bipolar disorder versus treatment as usual

Researchers from the Centre for Affective Disorders (led by Professor Allan Young and co-ordinated by Becci Strawbridge) are carrying out the exciting new CRiB project, investigating cognitive remediation therapy (CRT) for individuals with bipolar disorder (logo below). CRT has not yet been investigated for bipolar disorder in a randomised trial, but has shown many positive effects on thinking skills and quality of life for people with schizophrenia. Bipolar disorder similarly presents with cognitive deficits, which exist not only during mood episodes but after remission of symptoms. The study is a randomised feasibility trial investigating CRT compared with treatment as usual in people not currently experiencing depression or mania. Sixty people with bipolar disorder (type I) are being recruited, of whom 30 will receive 20–40 hours of CRT over a 12-week period in addition to usual treatment, and 30 will continue receiving usual treatment alone. It is hoped that this psychological intervention will enable optimisation

of the management of bipolar disorder by improving cognitive functioning and transferring these skills to everyday enhancements to functioning, which may contribute to reducing the recurrence of mood episodes. Interested collaborators or participants are welcome to contact the following members of the research team for further information and discussion: Becci Strawbridge (study co-ordinator) or Dimosthenis Tsapekos (main study researcher), email: affectivedisorders@kcl.ac.uk or tel 0207 848 5305 This study has received funding from the National Institute for Health Research's Research for Patient Benefit (RfPB) funding stream.

Becci Strawbridge
Psychological Medicine, IoPPN



UPCOMING Psychological Medicine seminars 2016

Psychological Medicine seminars take place every other Monday at 13.00 in the Department of Psychological Medicine in the Seminar Room, 3rd Floor, Weston Education Centre, 10 Cutcombe Road, London SE5 9RJ.

31 October: *The impact of informal caregiving on the intimate relationships of spouses and partners of wounded, injured and sick (WIS) UK military personnel.* Simran Thandi – PhD Student at KCMHR, KCL

14 November: *POST Screening study in military personnel.* Professor Roberto Rona and Dr Howard Burdett – Post-doctoral Researcher at KCMHR, KCL

28 November: *An exploration of autistic symptoms in females with anorexia nervosa.* Heather Westwood – PhD Student, KCL

5 December: SUMMIT - (SUicide, self-harM, and Mortality InTerest group) – *Self-harm in vulnerable and marginalised populations: Does it differ from the general population.* Dr Rohan Borschmann, KCL

12 December: *Estimating efficacy in a trial of a complex intervention in diabetes (D-6) with treatment contamination.* Nicholas Magill – PhD Student, NIHR Doctoral Research fellow, KCL

Fundraising for the British Red Cross



March saw the Health Protection Research Unit (HPRU) in Emergency Preparedness and Response raising money to support the

British Red Cross disaster relief fund with a cake sale and sponsored mud run. Cupcakes, brownies and sponge cakes were the order of the day at our cake

sale in the Weston Education Centre. A brisk morning's sales saw us completely sell out and keep our staff and students well-fuelled for their work.

On 20 March, a team from the HPRU decided to burn off some of the cake calories with a 5 km run over a cross-country obstacle course in Surrey. The outdoor temperature was 4°C and there was no sun in sight. What was in sight was the team's commitment to complete the journey together as a unit, despite mud-filled trenches, 10-foot walls, electric fences and a swim across one very cold pond.

In total, the team raised over £600 to support the excellent work of the British Red Cross. Good work, team!

Dr James Rubin
Psychological Medicine, IoPPN

Professor Greenberg speaks at Invictus Games 2016

Professor Neil Greenberg of King's College London and the Royal College of Psychiatrists joined figures from the worlds of royalty, sports, entertainment and politics at an international *Invictus Games* symposium on 8 May, hosted by the George W Bush Institute in Orlando, Florida.

The high-profile symposium, attended by President George W Bush and Prince Harry, focused on understanding the multiple facets of 'invisible wounds' and discussing solutions to help returning servicemen and women improve outcomes for their transition back to civilian life.

The Invictus Games is an international adaptive sporting event for wounded, ill and injured service members and veterans. At the symposium, several panel discussions explored the role of sport and active lifestyles in recovery, reducing the stigmas associated with these wounds, and ways to foster action to ensure *Invictus Games* competitors



and caregivers seek legitimate and comprehensive care.

Professor Greenberg, who is Professor of Defence Mental Health at King's and the Royal College of Psychiatrists' Lead for the Military and Veterans Mental Health, explained what psychological injuries are and why they can be difficult to identify; he also outlined some of the challenges of providing effective treatment.

ISAD/ISBD conference in Amsterdam, July 2016

International Society for Affective Disorders (ISAD) and the International Society for Bipolar Disorders (ISBD) have had a long standing collaborative relationship. With many members in common it was almost inevitable that eventually we would get round to holding a joint meeting. This summer in July we did exactly that in Amsterdam.

This was a fantastic experience, with both Societies bringing their unique character to the event, which gave the scientific programme a greater depth and breadth of topic and scope than either could offer alone.

Professor Allan Young is the current President of ISAD: www.isad.org.uk

Caroline Loveland
Psychological Medicine, IoPPN

Veterans' mental health conferences

Fact, Fiction and Future February 2016

This one-day conference, hosted by the KCMHR, provided attendees with an up-to-date view of both what is known about the scale of the problems faced by veterans and their families and what is and can be done to improve the situation. The mental health of veterans is frequently debated in the media and parliament. However, there remains a considerable 'fog of war' surrounding the topic, with hearsay and anecdote often getting more airtime than robust research evidence or fact.

The Road Ahead March 2016

This conference followed the great success of the inaugural *Fact, Fiction and Future* conference of March 2016. Hosted by the KCMHR and sponsored by the Forces in Mind Trust, the event promoted and encouraged contributions to understanding and supporting the mental health needs of veterans, based on robust research, evidence and fact. More than 200 guests heard speakers with global reputations from a broad range of leading UK and international organisations spanning the political arena, the NHS, the Metropolitan Police, academia and the armed forces charities sector.

International collaboration on military health research: King's College London and the University of Southern California

In July, the KCMHR was delighted to host a symposium for our post-doctoral Researcher and PhD student colleagues across the Atlantic in the Center for Innovation and Research on Veterans & Military Families (CIR), at the University of Southern California. The aim of this symposium was to introduce both departments to the military research conducted at the KCMHR and CIR, and to work together towards generating new ideas for future collaborations between the departments. Some of the ongoing projects include:

- Work Readiness in Ex-Service Personnel (KCMHR)
- Mindfulness as a Mediator of PTSD following Combat Experience and Building a Dynamic Model of Help Seeking Behaviour (CIR)
- Impact on Wellbeing of Partners of Someone in the UK Military (KCMHR)
- Health and Mental Health Outcomes Associated with Profiles of Risk and Resilience among Military-Connected Youth (CIR)

- Expanding the Understanding of Risk Behaviour Associated with Homelessness among Veterans (CIR)
- Understanding Hospital Admissions for Military Personnel in the UK (KCMHR)
- Mental Health Treatment among Military Sexual Assault Victims: Associations with PTSD and Depression Among Veterans (CIR)

The KCMHR and CIR are the two leading military research centres in the world. Joining together collaboratively will dramatically enhance our research capabilities, as well as build a research network for our doctoral students and post-docs, who represent the next generation of military health scientists.

Carl A Castro, PhD
Director and Assistant Professor at the University of Southern California



The Road Ahead veterans' mental health conference in March 2016

Professor Allan Young elected President of the British Association of Psychopharmacology (www.bap.org.uk)

Professor Young was elected unopposed to the post of President-elect of the British Association of Psychopharmacology (BAP) in July.

The BAP is a learned society and registered charity. It promotes research and education in psychopharmacology and related areas, and brings together people in academia, health services and industry. Formed in 1974, it is the largest such national association in Europe and the second largest in the world. The BAP remit comprises two interlinked areas:

- The biological basis of the brain and behaviour, and alterations in psychiatric disorders.
- The study of drugs used to treat disorders of the brain and behaviour: targets, mechanisms of action, effectiveness and side effects of current and novel treatments and drugs of abuse.

The BAP is relevant to all psychiatrists, neuroscientists, pharmacologists, neurologists, pharmacists and psychologists. Its membership and interests cover all the major

techniques used in the field, including: pharmacology, genetics, neuroimaging, neuropsychology, electrophysiology, experimental medicine, clinical trials and in vivo and in vitro models. The BAP has a distinctive ethos:

- Scientists, clinicians and trainees from any relevant background or discipline, and at all career stages, are welcomed.
- It is an open, supportive and democratic organisation. It is governed by a council, whose officers are elected by the membership.
- The BAP values the contribution from both its clinical and non-clinical researchers. There is a balance between these groups in terms of the scientific content of all meetings and representation on the BAP Council.
- The BAP is independent from any other organisation. It has defined and transparent relationships with the pharmaceutical industry. Council members have disclosure statements available on the website.



Dr James Rubin wins King's 2016 Teaching Excellence Award



Dr James Rubin was among the King's 2016 Teaching Excellence Awards winners in the Innovation in Teaching category. Dr Rubin developed the module Disaster Response: Mental Health, Behaviour and Communication and has been leading it since 2013. He is acting co-leader of the MSc Organisational Psychiatry and Psychology and its two specialist modules. It is fantastic to see his excellent work recognised.

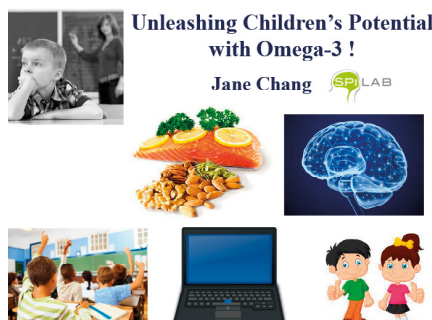
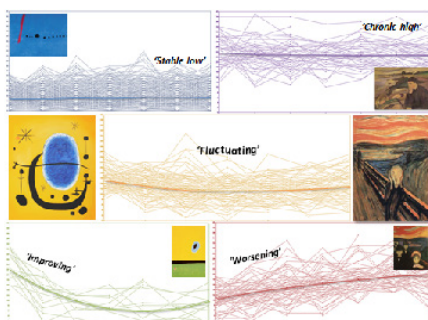
PNIRS Norman Cousins Award

Professor Carmine Pariante has received the prestigious Psychoneuroimmunology Research Society (PNIRS) Norman Cousins Award, the highest honour given by the Society to an individual, for outstanding contributions to research in psychoneuroimmunology. The PNIRS is an international organisation working to understand the role of the brain and immune system in health, and how basic research at the interface between the brain and the immune system can be translated into clinically relevant health applications. The award will be presented at the 2017 PNIRS Scientific Meeting, to be held on 7–10 June in Galveston, Texas. The annual meeting will host hundreds of international researchers from a number of scientific and medical disciplines who are interested in interactions between the nervous and immune systems, and the relationship between behaviour and health. Following his award, Professor Pariante will describe his innovative research idea in an invited lecture.

Dr Jorge Palacios and Dr Jane Pei-Chen Chang reach King's 3-minute thesis grand final

Jorge and Jane were shortlisted for their work on 'Trajectories of depression and anxiety symptoms in coronary heart disease' (left-hand slide) and 'Unleashing Children's Potential with Omega-3'

(right-hand slide), respectively. Jane was runner-up and she would like to express her gratitude for the wonderful support they both received from the department.



Dr Katie Lang and Dr Jessica McClelland win Elsevier Outstanding Thesis Award



The aim of my work was to investigate neuropsychological and socio-emotional processing in children and adolescents with Anorexia Nervosa (AN). A series of studies were designed to clarify the neuropsychological profile (specifically set shifting and central coherence) and the socio-emotional (emotion recognition through body

motion and emotion expression). The feasibility and acceptability of self-help Cognitive Remediation Therapy (CRT, an intervention aimed at targeting inefficient cognitive processing) delivered in a family context was also investigated. The results demonstrate that children and adolescents possess an inefficient cognitive processing style and socio-emotional processing difficulties in comparison with healthy control comparisons. Preliminary data suggest that self-help CRT delivered in a family context is an acceptable form of treatment for AN. These findings have implications for our understanding of the role cognitive and socio-emotional processing styles may play as important aetiological and maintaining factors in AN.

Katie Lang



My research investigated the potential of neuromodulation in the treatment of eating disorders (ED). Given the findings of our systematic review, we conducted a randomised controlled trial (RCT) of real/placebo MRI-guided repetitive transcranial magnetic stimulation (rTMS) in people with anorexia nervosa (AN).

In 51 individuals, we found that compared to placebo, real rTMS reduced AN symptoms for up to 24 hours and encouraged prudent decision making. These findings suggest that rTMS may reduce symptoms of AN by improving cognitive control mechanisms.

To assess longer-term efficacy, we conducted a case series (N=5) of rTMS treatment (i.e. 20 sessions of real rTMS) in people with AN. Improvements in ED and general psychopathology were reported and sustained for up to 6 – 12 months. From this, our group has received funding to conduct a RCT of rTMS treatment in AN, alongside fMRI, to investigate therapeutic efficacy and neural mechanisms of treatment response. This work is ongoing.

Jessica McClelland

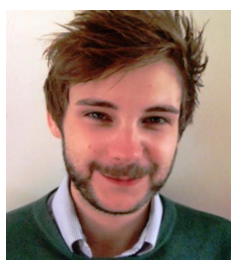
Other award winners



Professor Matthew Hotopf was awarded an NIHR Senior Investigator Award.



Dr Paul Stokes was elected to the British Association for Psychopharmacology Council in July 2016.



Dr Emmert Roberts won two prizes:

- Academic Clinical Fellows Paper Prize (Core Psychiatry Training: General Adult Psychiatry) *Mortality of people with chronic fatigue syndrome: a retrospective cohort study in England and Wales from the South London and Maudsley NHS Foundation Trust Biomedical Research Centre (SLaM BRC) Clinical Record Interactive Search (CRIS) Register*
- Academic Clinical Fellows Poster Prize (Core Psychiatry Training: Old Age Psychiatry) *The Prevalence of Diabetes Mellitus and Abnormal Glucose Metabolism in the Inpatient Psychiatric Setting: A Systematic Review and Meta-Analysis*



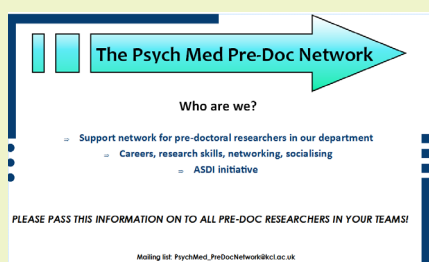
Dr Katharine Rimes and **Professor Trudie Chalder**, whose book *Overcoming Chronic Fatigue in Young People: A Cognitive Behavioural Self-Help Guide*, has been highly commended in the Popular Medicine category of the 2016 BMA Medical Book Awards.

The book provides an effective evidence-based, step-by-step guide to managing and overcoming chronic fatigue and contains detailed advice for tailoring a fatigue recovery programme to the individual. Currently, there is no other evidence-based self-help guide available on chronic fatigue aimed at young people.

Hello from the Psychological Medicine Pre-Doc Network!



As some of you may be aware, a group of Psychological Medicine research assistants/research workers and Dr Stephani Hatch have initiated the setup of a department-wide 'pre-doc' network. This network is open to all departmental researchers who function in research assistant/research worker or equivalent positions; in other words, those who have not yet embarked on any doctoral training (hence 'pre-doc'). Whether or not doctoral training is/will be the next step, does not actually



matter – we simply tried to come up with the most inclusive term. This network is also supported by the departmental Athena SWAN Diversity & Inclusion team.

The aim of our network is to provide a supportive, career-oriented but also social atmosphere, where the exchange of experiences, ideas and concerns can be communicated openly. Our plan is to hold monthly network sessions with different focus points. Our first few sessions will be used to introduce ourselves and discuss the value of research assistant work and the next steps after holding research assistant positions; we will subsequently move into the first of a series of application/interview-oriented sessions, specifically towards applying for the Doctor in Clinical Psychology and other PhD programmes/fellowships. We are hoping to get some

speakers in for talks, but will also have workshop components. Further sessions will focus on other career pathways and writing/publishing in science. Through continuous feedback from the members, we hope to touch on everybody's needs.

Beyond being a career-oriented support network, we are also hoping to provide space for social interchange of research experiences and concerns. Dr Stephani Hatch will be able to provide some input from the staff perspective and help us co-ordinate some of our ideas.

A network similar to this is already in place in the Addictions Department, and they have had great successes. We will collaborate with the Addictions Department in some of the sessions and hope to build an loPPN-wide, cross-departmental approach soon. We are also planning to have a tab on the departmental website, and will be adding a paragraph to the introduction booklet for new staff. Finally, an online forum is being created to communicate events beyond emails.

It is very important to us that new staff are informed about this network and we ask all principal investigators or other staff managing research assistants/equivalents to pass this information on to their new staff. While we finish putting everything into place, please contact Julia Griem (julia.griem@kcl.ac.uk) for any queries, ideas or concerns. We look forward to meeting all pre-doc researchers soon!

Your Pre-Doc Network Working Group

RECENT GRANTS

During the period from March to September 2016, PIs from Psychological Medicine have been successful in obtaining a total of 22 grants. Listed below are grants worth £150,000 or more:

A mixed methods study to support insulin self-management for people with type 2 diabetes. Ismail, K. & Winkley, K. Funder: NHS Lambeth Clinical Commissioning Group: **£175,221.00**.

Cognitive and somatic subtypes of depression in type 2 diabetes: comparing their correlates, associated complications and targets for treatment. Moulton, C. & Ismail, K. Funder: Royal College of Physicians of Edinburgh: **£199,904.00**

Integrating mental, physical and social care in long-term conditions. Ismail, K. Funder: Health Foundation: **£213,155.00**

SPEAR Training in the UK Armed Forces (through career stress management). Wessely, S. Funder: Ministry of Defence: **£201,000.00**

The impact of military service on older veterans. Fear, N. & academic, A. Funder: Royal British Legion: **£200,000.00**

A mixed methods study to support insulin self-management for people with type 2 diabetes. Winkley, K. & Ismail, K. Funder: National Institute for Health Research: **£278,652.00**

An Open-label, Long-term, Safety and Efficacy Study of Intranasal Esketamine in Treatment-resistant Depression. Young, A. Funder: Janssen Research & Development LLC: **£163,635.00**

The Cognitive Remediation in Bipolar (CRiB) Study: a feasibility trial of cognitive remediation therapy in people with bipolar disorder versus treatment as usual. Young, A., Hodsoll, J., McCrone, P., Reeder, C., Wykes, T. & academic, A. Funder: NIHR - National Institute for Health Research: **£192,885.00**

Acceptance and Commitment Therapy for Muscle Disease (ACTMUS). Chalder,

RECENT GRANTS

T., McCracken, L. & Norton, S. Funder: National Institute for Health Research: **£283,761.00**

Remote Assessment of Disease and Relapse in Central Nervous System Disorders (RADAR-CNS). Hotopf, M., Dobson, R., Richardson, M. & Wykes, T. Funder: European Commission: **£2,999,957.00**

AMBROSIAC: A Menu for Brain Responses Opposing Stress-Induced Alterations in Cognition. Pariante, C., Zunszain, P. & Srivastava, D. Funder: MRC: **£169,306.00**

Information about Drinking for Ex-serving personnel (InDEX) – development of a personalised alcohol app. Goodwin, L., Drummond, C., Fear, N., Mahmoodi, T., Rona, R. & academic, A. Funder: MRC: **£150,013.00**

Provision of academic and infrastructure support to the academic department of military mental health. Fear, N. & Wessely, S. Funder: Ministry of Defence: **£1,330,477.00**

SELECTED PUBLICATIONS

For space reasons, we were only able to include a small selection of representative publications here.

Barnes, J., Mondelli, V., & Pariante, C. M. (2016). Genetic contributions of inflammation to depression. *Neuropsychopharmacology*.

Bartholdy, S., Campbell, I. C., Schmidt, U. H., & O'Daly, O. (2016). Proactive inhibition: an element of inhibitory control in eating disorders. *Neuroscience and Biobehavioral Reviews*.

Bustos, P., Amigo, H., Bangdiwala, S., Pizarro, T., & **Rona, R. J.** (2016). Does the association between birth weight and blood pressure increase with age? A longitudinal study in young adults. *Journal of Hypertension*, 34(6), 1 – 6.

Cutting, J., Mouratidou, M., Fuchs, T., & **Owen, G.** (2016). Max Scheler's influence on Kurt Schneider. *History of Psychiatry*, 27(3), 336 – 344.

Downs, J. M., Hotopf, M. H., Ford, T., Simonoff, E., Jackson, R. G., Shetty, H., Hayes, R. D. (2016). Clinical predictors of antipsychotic use in children and adolescents with autism spectrum disorders: a historical open cohort study using electronic health records. *European Child & Adolescent Psychiatry*, 25(6), 649–658.

Fischer, S., **Strawbridge, R., Herane Vives, A. R., & Cleare, A. J.** (2016). Cortisol as a predictor of psychological therapy response in depressive disorders - a systematic review and meta-analysis. *British Journal of Psychiatry*.

Graves, H., Garrett, C., Amiel, S. A., Ismail, K., & Winkley, K. (2016). Psychological skills training to support diabetes self-management: qualitative assessment of nurses' experiences. *Primary Care Diabetes*.

Greenberg, N., Bull, A., & Wessely, S. (2016). Chilcot: Physical and mental legacy of Iraq war on UK service personnel. *BMJ (Clinical research ed.)*, 354.

Hastings, C., Sheridan, H. C., **Pariante, C. M., & Mondelli, V.** (2016). Does Diet Matter? The use of polyunsaturated fatty acids (PUFAs) and other dietary supplements in inflammation-associated depression. *Current Topics in Behavioural Neuroscience*. (pp. 1 – 18).

Hatch, S. L., Gizard, B., Williams, D. R., Frissa, S., Goodwin, L., & Hotopf, M. (2016). Discrimination and common mental disorder among migrant and ethnic groups: findings from a South East London Community sample. *Social Psychiatry and Psychiatric Epidemiology*, 1 – 13.

Head, M., **Goodwin, L.**, Debell, F., **Greenberg, N., Wessely, S., & Fear, N. T.** (2016). Post-traumatic stress disorder and alcohol misuse: comorbidity in UK military personnel. *Social Psychiatry and Psychiatric Epidemiology*, 1 – 10.

Hsieh, M-H., Lee, C. T-C., Tsai, P-J., Tsai, C-J., Liao, Y-T., Chen, V. C-H., & **Stewart, R.** (2016). Chronic obstructive pulmonary disease and anxiety disorders: a nationwide population-based study in Taiwan. *General Hospital Psychiatry*.

Ingman, T., Ali, S., Bhui, K., & **Chalder, T.** (2016). Chronic fatigue syndrome: comparing outcomes in White British and Black and minority ethnic patients after cognitive-behavioural therapy. *British Journal of Psychiatry*, 208(3).

Jones, E. (2016). Air raids and the crowd: citizens at war. *Psychologist*, 29(6), 486 – 87.

Kadra, G., Stewart, R., Shetty, H., Downs, J., MacCabe, J. H., Taylor, D., & Hayes, R. D. (2016). Predictors of long-term (>6months) antipsychotic polypharmacy prescribing in secondary mental healthcare. *Schizophrenia Research*.

Kan, C., Kaar, S. J., Eisa, M., Jones, L., Beckett, J., Mustafa, O., & Ismail, K. (2016). Diabetes management in psychiatric inpatients: time to change?. *Diabetic Medicine*, 33(3), 407 – 408.

Kan, C., Pedersen, N. L., Christensen, K., Bornstein, S. R., Licinio, J., MacCabe, J. H., Rijdsdijk, F. (2016). Genetic overlap between type 2 diabetes and depression in Swedish and Danish twin registries. *Molecular Psychiatry*.

Kekic, M., Boysen, E., Campbell, I. C., & Schmidt, U. H. (2016). A systematic review of the clinical efficacy of transcranial direct current stimulation (tDCS) in psychiatric disorders. *Journal of Psychiatric Research*, 74, 70 – 86.

Koliakou, A., Ball, M., Derczynski, L., Chandran, D., Gkotsis, G., Deluca, P., Stewart, R. (2016). Novel psychoactive substances: an investigation of temporal trends in social media and electronic health records. *European Psychiatry*, 38, 15 – 21.

Lang, K. L., Larsson, E. E. C., Mavromara, L., Simic, M., Treasure, J. L., & Tchanturia, K. (2016). Diminished facial emotion expression and associated clinical characteristics in Anorexia Nervosa. *Psychiatry Research*, 236, 165 – 172.

Leightley, D., Yap, M. H., & McPhee, J. (2016). Automated analysis and quantification of human mobility using a depth sensor. *IEEE Journal of Biomedical and Health Informatics*, (99).

McClelland, J. K., Kekic, M., Bozhilova, N., Nestler, S., Dew, T., Van Den Eynde, F. F., Schmidt, U. H. (2016). A randomised controlled trial of neuronavigated repetitive Transcranial Magnetic Stimulation (rTMS) in anorexia nervosa. *PLOS One*, 11(3).

Mitchell, R. L. C., Vidaki, K., & Lavidor, M. (2016). The role of left and right dorsolateral prefrontal cortex in semantic processing: a transcranial direct current stimulation study. *Neuropsychologia*.

Palacios, J. E., Khondoker, M., Achilla, E., Tylee, A., & Hotopf, M. (2016). A single, one-off measure of depression and anxiety predicts future symptoms, higher healthcare costs, and lower quality of life in coronary heart disease patients: analysis from a multi-wave, primary care cohort study. *PLOS One*.

Perera, G. S., Chang, C-K., Broadbent, M., Callard, F., **Downs, J. M., Dutta, R., Stewart, R. J.** (2016). Cohort profile of the South London and Maudsley NHS Foundation Trust Biomedical Research Centre (SLaM BRC) Case Register: current status and recent enhancement of an Electronic Mental Health Record-derived data resource. *BMJ Open*, 6(3), 1 – 22.

Perkins, A. M. (2016). The welfare trait: Hans Eysenck, personality and social issues. *Personality and Individual Differences*.

Pigott, K., Galizia, I., Vasudev, K., Watson, S., Geddes, J., & **Young, A. H.** (2016). Topiramate for acute affective episodes in bipolar disorder in adults. *Cochrane Database of Systematic Reviews*.

Rayner, L. J. H., Hotopf, M. H., Petkova, H., Matcham, F. A. E., Simpson, A., & McCracken, L. (2016). Depression in patients with chronic pain attending a specialised pain treatment centre: prevalence and impact on healthcare costs. *Pain*, 157(7), 1472–1479.

Rayner, L., Simpson, A., Matcham, F., Shetty, S., NB, L. O. D., Groom, G., & Hotopf, M. (2016). Mental disorder in limb reconstruction: prevalence, associations and impact on work disability. *Journal of Psychosomatic Research*, 53 – 60.

Roberts, E., Wessely, S., Chalder, T., Chang, C. K., & Hotopf, M. (2016). Mortality of people with chronic fatigue syndrome: a retrospective cohort study in England and Wales from the South London and Maudsley NHS Foundation Trust Biomedical Research Centre (SLaM BRC) Clinical Record Interactive Search (CRIS) Register. *The Lancet*.

Salerno, L., Rhind, C., Hibbs, R., Micali, N., **Schmidt, U., Gowers, S., Treasure, J.** (2016). An examination of the impact of care giving styles (accommodation and skilful communication and support) on the one year outcome of adolescent anorexia nervosa: Testing the assumptions of the cognitive interpersonal model in anorexia nervosa. *Journal of Affective Disorders*, 191, 230 – 236.

Stevelink, S. A. M., & Fear, N. T. (2016). Factors associated with unintended weight change in the UK Armed Forces: a cohort study. *Journal of the Royal Society of Medicine Open*, 7(7), 1.

Stokes, P., & Stone, J. M. (2016). Involvement of the GABA and glutamate neurotransmitter systems in bipolar disorder. In J. Soares, & A. Young (Eds.), *Bipolar disorders: basic mechanisms and therapeutic implications*. (Third ed., pp. 49-60). Cambridge: Cambridge University Press, Cambridge.

Webster, R. K., Weinman, J. A., & **Rubin, G. J.** (2016). A systematic review of factors that contribute to placebo effects. *Health Psychology*.

Westwood, H., Stahl, D., Mandy, W., & Tchanturia, K. (2016). The set-shifting profiles of anorexia nervosa and autism spectrum disorder using Wisconsin Card Sorting Test: a systematic review and meta-analysis. *Psychological Medicine*.

Winkley, K., Upsher, R., Keij, S., Amiel, S., Ismail, K., & Forbes, A. (2016). Primary healthcare professionals' views of group structured education for people with newly diagnosed type 2 diabetes. *Diabetic Medicine*.

Wise, T., Radua, J., Nortje, G., Cleare, A. J., Young, A. H., & Arnone, D. (2016). Voxel-based meta-analytical evidence of structural disconnectivity in major depression and bipolar disorder. *Biological Psychiatry*, 79(4), 293–302.

Workman, C. I., Lythe, K. E., Mckie, S., Moll, J., Gethin, J. A., Deakin, J. F. W., **Zahn, R.** (2016). A novel resting-state functional MRI signature of resilience to recurrent depression. *Psychological Medicine*.